UF UNIVERSITY of FLORIDA

Florida & Virgin Islands (FAVI) Deaf-Blind Collaborative

FAX: 352-273-8539 www.deafblind.ufl.edu

Consent for Exchange of Information / Records

Regarding:_____ Date: _____
(CHILD/YOUNG ADULT NAME)

I authorize school personnel, other professionals, and organizations/agencies to exchange information with the FAVI Deaf-Blind Collaborative for the purposes of reporting demographic information on students with deaf-blindness in Florida and initiating and facilitating individualized services and technical assistance for the individual, family, and educational team of the student with deaf-blindness.

The following individuals/organizations may exchange information/records (PLEASE INITIAL EACH):

_____ School district(s):_____
(COUNTY OR COUNTIES)

_____ National Center on Deaf-Blindness _____ Helen Keller National Center

_____ State Deaf-Blind Projects _____ Florida Department of Education

_____ Division of Blind Services _____Vocational Rehabilitation

_____ Medical professionals _____ Rehabilitation providers (PT, OT, SLP)

Other: _____

_____

The following methods of communication are permitted (PLEASE INITIAL):

_____ phone/text _____email _____ video conference _____ audio conference

_____ photographs _____ video recordings

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Consent for Exchange of Information / Records (FAX TO: 352-273-8539)

Regarding:_____ Date: _____
(CHILD/YOUNG ADULT NAME)

I authorize school personnel, other professionals, and organizations/agencies to exchange information with the FAVI Deaf-Blind Collaborative.

The types of information that I permit to be shared are initialed below:

_____ Diagnoses, Etiologies, and Disabling conditions

_____ Individual Education Plan (IEP) / Individual Family Support Plan (IFSP)

_____ Assessment data _____Evaluations _____ OT / PT / SLP reports

_____ Eye medical / Vision reports _____ Audiogram / Hearing reports

_____ Other: _____

_____

This consent for exchange of information and records is voluntary and valid until I withdraw my consent, at any time, in writing.
My electronic signature is typed below.

_____
(ELECTRONIC SIGNATURE) (DATE)

_____
(RELATIONSHIP TO STUDENT WITH DEAF-BLINDNESS)